

MYSTIC MARBLE, STONE AND TILE INSURANCE CONNECTION

Application for Contractors

Name of Applicant					
Business Address					
Mailing Address (if different)					
Phone		Fax		Email	

GENERAL INFORMATION:

What is your contracting payroll:					
Year your company was established:					
Has any policy during the last 5 years been cancelled or non-renewed?					
If so, please explain:					

PROPERTY INFORMATION AND LIMITS OF COVERAGE REQUESTED:

If you have more than one location <i>OR</i> building please make a copy of this section and complete for each location.						
Address:				Sq. Footage:		
Construction:	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry w/wood joists		<input type="checkbox"/> non-combustible		<input type="checkbox"/> Fire resistive	
Year Built:		Is location within a Flood Zone?		If so, list Zone		
<input type="checkbox"/> Sole tenancy or <input type="checkbox"/> Multiple tenancy		<input type="checkbox"/> Owned or <input type="checkbox"/> Leased		<input type="checkbox"/> Commercial or <input type="checkbox"/> Mixed		
Distance from:	fire department	<input type="checkbox"/> <input type="checkbox"/>	nearest hydrant	<input type="checkbox"/> <input type="checkbox"/>	nearest body of water	<input type="checkbox"/> <input type="checkbox"/>
Operational protective devices on premises:						
<input type="checkbox"/> alarms <input type="checkbox"/> sprinklers <input type="checkbox"/> smoke detectors <input type="checkbox"/> extinguishers <input type="checkbox"/>						
If you have an alarm, is it: <input type="checkbox"/> local only <input type="checkbox"/> central station <input type="checkbox"/> UL certified central station						
Does it have? <input type="checkbox"/> motion detectors <input type="checkbox"/> coverage for all windows & doors and/or <input type="checkbox"/> smoke detection <input type="checkbox"/>						

LIMITS AT THIS LOCATION:

Building (if owned)		Improvements & Betterments (if leased)	
Inventory		Machinery/Equipment	
EDP Hardware and Software		Business Interruption	
Check here if limits are "blanketed" <input type="checkbox"/>		Deductible	
Current insurance carrier			
Comments:			